

FILED DEC 13 1943

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Deming  
(b) City or town Hayti, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: —  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution — (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deming  
(c) City or town Hayti, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. — (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME Frank Tull

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased Nov. 16 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				hr. <u>15</u> min.

9. Birthplace Hayti, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

MOTHER FATHER  
12. Name Walter Tull  
13. Birthplace Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Agnes  
15. Birthplace Ark. (City, town, or county) (State or foreign country)

16. (a) Informant —  
(b) Address —  
17. (a) (Burial, cremation, or removal) — (b) Date thereof — (Month) (Day) (Year)  
(c) Place: burial or cremation —

18. (a) Signature of funeral director —  
(b) Address —  
19. (a) 13-16-19 (Date received local registrar) (b) George H. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16  
year 1943 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov. 16, 1943, to Nov. 16, 1943  
that I last saw him alive on Nov. 16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis

Due to Subsacration from prematurity  
Due to —

Other conditions —  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —  
(b) Date of occurrence —  
(c) Where did injury occur? — (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

(Specify type of place)  
While at work? — (e) Means of injury —  
23. Signature George H. ... (M. D. or other) —  
Address — Date signed 11-17-43

1327

(Licensed Embalmer's Statement on Reverse Side)

Hayti, Mo.

WRITE PLAINLY—USE UNFADING INK

11-43-321

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.

Registration District No. 267

Primary Registration District No. 3049

1. PLACE OF DEATH:  
(a) County Remisscat  
(b) City or town Hayti  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Jull  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 16 1915  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day or \_\_\_\_\_ min.

9. Birthplace Hayti, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Walter Jull  
13. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Lyble Cobb  
15. Birthplace ark (City, town, or county) (State or foreign country)

16. (a) Informant Walter Jull  
(b) Address Hayti, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Ingram Ridge, Mo.  
18. (a) Signature of funeral director Friends  
(b) Address Hayti, Mo.

19. (a) 11-16-43 (Date received local registrar) (b) George Klinkhardt (Registrar's signature) G.A.

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

20. DATE OF DEATH: Month Nov. Year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Nov. 16 1943 to Nov. 16 1943  
that I last saw him Nov. 16 1943 alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.  
Immediate cause of death Calentasia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Subsantation from Prematurity  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature F. J. Bond (M. D. or other)  
Address Hayti, Mo. Date signed 11-16-43

SUPPLEMENTARY

MOTHER, FATHER

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

38865